## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

(July 2000)

Part I General Information			Employer identification number	
4 Name of proprietion	a tric/HCA C	Cood Government	59 3243852	
Tampa Bay Division C  Mailing address (P.O. Box or number	Olumbia/HCA-C	number) Group		
2 Mailing address (P.O. Box or number 11750 Bird Road	, \$11001, \$110 10011 01 04110			
City or town, state, and ZIP code				
Miami, Florida 3317	5			
		m		
Lourdes. Garrido@HCA	Heartmeare.co	stodian's address		
4a Name of custodian of records		11750 Bird Road		
Lourdes Garrido	M	Miami, Florida 33175		
5a Name of contact person	5b Cor	5b Contact person's address 11750 Bird Road		
	, = ·			
Lourdes Garrido		Miami, Florida 33175  illing address shown above). Number, street, and room or suite number		
6 Business address of organization (if	different from mailing addre	ss shown above). Number, sheet, and		
City or town, state, and ZIP code				
City or town, state, and an end				
Part   Purpose 7 Describe the purpose of the organiza To provide the Column				
the opportunity to p by collecting and ac for state and local of excellence and se with the goals and o	DITTORY TO THE CO. I WANTED BY ARE ADMEN	and iccurs	which are consister	
Part III List of All Related Er	itities (see instructions	s)		
8a Name of related entity	8b Relationship	SC Yadiosa		
		111750 Bird Ro	ad	
The Florida Group Columbia/HCA Healthcare Corp.	Connected	ted Miami, Florida 33175		
		OFC		
		RECE	<u> </u>	
		N AUG T	7 Z000 1/2	
		Wille.		
		Form <b>8871</b> (7-2000)		
		0 4 No 20405V	LOIM OOL : (, ross)	

871 (7-2000)  IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)  9b Title  9c Address		
rt IV List of All Officers	9b Title	9c Address
Name		6200 Courtney Campbell Causeway,
Dan Miller	Chairman	Ste. 150
		Tampa, Florida 33607
		11750 Bird Road
Lourdes Garrido	Secretary/	11700 D11u 100u
	Treasurer	Miami, Florida 33175
	,	
_		
·		
	<u> </u>	
		amed In Part I Is to be treated as an organization described in section 527 of the Int ng accompanying schedules and statements, and to the best of my knowledge and b
Under penalties of perju	iry, I declare that the organization na	amed in Part I is to be treated as an organization described in section 527 of the in- ng accompanying schedules and statements, and to the best of my knowledge and t
Revenue Code, and that it is true, correct, and c	omplete.	
	1 Dol	- 7/27/00
		Date
Sign signature of aut	horized official	Form <b>8871</b> (7-
Here	1.40°	Form OOI 1 (/-